FERENCE & ASSOCIATES LLC
Amendment Transmittal

Atty. Docket No. YOR920010539US1
(590.076)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of	:	Chaudhari et al	
Serial No.	:	10/042,827	Examiner : Q. Han
Filed	:	January 4, 2002	Group Art Unit : 2654
For	. :	EFFICIENT RECURSIVE CLUSTERING BASED ON A SPLITTING FUNCTION DERIVED FROM SUCCESSIVE EIGEN-DECOMPOSITIONS	

COMMISSIONER FOR PATENTS
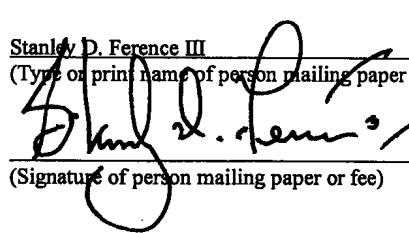P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.

4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) are being transmitted to the United States Patent and Trademark Office by EFS-Web on July 15, 2008.

Stanley D. Ference III
(Type or print name of person mailing paper or fee)

(Signature of person mailing paper or fee)

5. ☐   Also enclosed: _____

6. ☒   No additional filing fee is required.

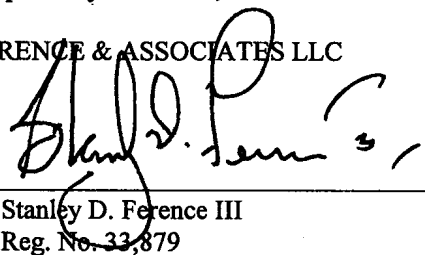7. ☒   The filing fee has been calculated as shown below:

Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
			RATE	FEE		RATE	FEE	
Total Claims 19	- ** 21	= * 0	x $25 =		O R	x $50 =		
Ind. Claims 3	- *** 3	= * 0	x $105 =		O R	x $210 =		
☐ Multiple Dependent Claim Presented			+ $185 =		O R	+ $370 =		
			TOTAL = $_____		O R	TOTAL = $_____		

*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
***   If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐   Applicant encloses herewith a check for $_____ to cover the filing fee.

9. ☐   The Commissioner is hereby authorized to charge the $_____ filing fee to Deposit Account No. 50-0510.

10. ☒   The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

Dated: July 15, 2008

By _____
Stanley D. Ference III
Reg. No. 33,879

Mailing Address:

Customer No. 35195
FERENCE & ASSOCIATES LLC
409 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile